



MEDICAL MARIJUANA INFORMATION

NDAPA Spring Primary Care Conference

May 7, 2021

LEGAL DISCLAIMER

This presentation is intended to convey general information only and does not provide legal advice.

The contents should not be construed as legal advice.

Contact your attorney for advice on your specific circumstances and legal issues.

NORTH DAKOTA PROGRAM ONLY

- Marijuana is still illegal under the federal Controlled Substances Act
- No reciprocity with other states
- Dispensed product is not to cross state lines
- Dispensed product is to stay in the container with the labels attached

FROM TWO YEARS AGO

	May 2019	May 2021
Dispensaries Open	1	8
Registered Qualifying Patients	349	5,217
Registered Designated Caregivers	20	134

DEFINITIONS

Health Care Provider

- A physician, a physician assistant, or an advanced practice registered nurse.

Qualifying Patient

- An individual who has been diagnosed by a health care provider as having a debilitating medical condition.

Designated Caregiver

- An individual who agrees to manage the well-being of a registered qualifying patient with respect to the qualifying patient's medical use of marijuana.

DEFINITIONS (END)

Manufacturing Facility

- An entity registered who is authorized to produce and process and to sell usable marijuana to a dispensary. Pay a \$110,000 certification fee for a two-year certificate.

Dispensary

- An entity registered who is authorized to dispense usable marijuana to a registered qualifying patient and a registered designated caregiver. Pay a \$90,000 certification fee for a two-year certificate.

Registry Identification Card

- A document issued by the Department of Health which identifies an individual as a registered qualifying patient, registered designated caregiver, registered compassion center agent, or laboratory agent.

DEBILITATING MEDICAL CONDITIONS (26)

- Agitation of Alzheimer's disease or related dementia
- AIDS
- Amyotrophic lateral sclerosis (ALS)
- Anorexia nervosa
- Anxiety disorder
- Autism spectrum disorder
- A brain injury
- Bulimia nervosa
- Cancer
- Crohn's disease
- Decompensated cirrhosis caused by hepatitis C
- Ehlers-Danlos syndrome
- Endometriosis
- Epilepsy
- Fibromyalgia
- Glaucoma
- HIV
- Interstitial cystitis

MEDICAL CONDITIONS (END)

- Migraine
- Neuropathy
- Posttraumatic stress disorder (PTSD)
- Rheumatoid arthritis
- Spinal stenosis or chronic back pain with objective neurological indication of intractable spasticity
- A terminal illness
- Tourette syndrome
- A chronic or debilitating disease or medical condition or treatment for such disease that produces:
 - Cachexia or wasting syndrome;
 - Severe debilitating pain that has not responded to previously prescribed medication or surgical measures for more than three months or for which other treatment options produced serious side effects;
 - Intractable nausea;
 - Seizures; or
 - Severe and persistent muscle spasms, including those characteristic of multiple sclerosis

NO PRESCRIPTIONS – WRITTEN CERTIFICATION

Individual must obtain a written certification from their health care provider who must be licensed in North Dakota and have a license in good standing.

- Health care provider states the patient has a debilitating medical condition.
- Attestation that the written certification is made in the course of a bona fide provider-patient relationship.

VETERAN ACCOMMODATION

In lieu of a written certification, a veteran receiving treatment from a federal VA entity may submit a copy of their medical records.

BONA FIDE PROVIDER-PATIENT RELATIONSHIP

- Health Care Provider has **created, maintained, and reviewed** the patient's relevant **medical records**.
- An **in-person** medical evaluation of the patient is performed.
- Health Care Provider continues care for the patient and their debilitating medical condition that qualified them for the Medical Marijuana Program.
- Health Care Provider has a **reasonable expectation for follow up care** regarding the medical use of marijuana as a treatment of the patient's debilitating medical condition.
- Provider-Patient relationship is **NOT for the sole purpose** of providing a written certification for the medical use of marijuana.

OVERVIEW OF PROCESS

Patient **talks** with their health care provider and then starts a patient application via the ND Medical Marijuana registration system.

As part of the patient application, the patient enters the name and email address of the health care provider.

The health care provider receives a notification via email that they are requested to complete a written certification for the patient.

Via the registration system, the health care provider completes the written certification.

The registration system links the written certification to the patient application. The Division of Medical Marijuana reviews the application.

The patient is **issued a registry ID card** if approved.



DIVISION OF MEDICAL MARIJUANA HOMEPAGE (health.nd.gov/mm)

Program Information

[Dispensary Locations](#)
[Electronic Payments Available](#)
[Presentations and Annual Reports](#)
[Status Updates and Press Releases](#)
[State Laws and Administrative Rules](#)
[User Guide and Forms](#)
[Subscribe/Unsubscribe to Updates](#)
[Electronic ID Card Information](#)
[Sample Registry ID Card](#)



Patients
19 years or Older



Minor Patients
Under 19 years old

Active Patient Cards

As of 4/14/2021 - 5119

Contact Us

Division of Medical Marijuana
600 E Boulevard Ave, Dept 301
Bismarck ND 58505-0200

Phone: 701-328-1311
Fax: 701-328-1333
medmarijuana@nd.gov



Designated Caregivers



Health Care Providers



HEALTH CARE PROVIDER BUTTON

ND Medical Marijuana Healthcare Providers

Healthcare Providers

[Healthcare Provider Overview](#)

[Written Certification Process](#)

[Frequently Asked Questions](#)

[Debilitating Medical Conditions](#)

[Product and Limits Information](#)



[Sign In or Create an Account](#)

[Application Tips and Tricks](#)

[Written Certification Video Tutorial](#)

[Create an Account Video Tutorial](#)

HEALTH CARE PROVIDER ACCOUNT REGISTRATION

To set up an account – enter email and create password

- Email address must match the email entered by the patient on their application

Information may input when registering (enter once)

- Health care facility name, address, and number
- Your name, number, email address, professional license number, and specialty (drop down box)

Information is Confidential

WRITTEN CERTIFICATION – FIRST SECTION

Written Certification

This section will be completed by the patient's health care provider

Health Care Provider Information

Last Name Suffix

First Name Middle Name

Practice Location Address

Address

County State

City ZIP Code

Primary Phone Secondary Phone

Email Address Health Care Provider's North Dakota Professional License Number

Health Care Provider's Medical or Nursing Specialty

WRITTEN CERTIFICATION – DEBILITATING MEDICAL CONDITION (SECOND SECTION)

At least one option should be selected

- A Terminal Illness
- Acquired Immune Deficiency Syndrome
- Agitation of Alzheimer's Disease or related Dementia
- Amyotrophic Lateral Sclerosis
- Anxiety Disorder
- Anorexia nervosa
- Autism Spectrum Disorder
- Brain Injury
- Bulimia nervosa
- Cancer
- Crohn's disease
- Decompensated Cirrhosis caused by Hepatitis C
- Ehlers-Danlos syndrome
- Endometriosis
- Epilepsy
- Fibromyalgia
- Glaucoma
- Interstitial cystitis
- Migraine
- Neuropathy
- Positive status for Human Immunodeficiency Virus
- Post-traumatic Stress Disorder
- Rheumatoid Arthritis
- Spinal Stenosis or Chronic Back Pain, including Neuropathy or damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity
- Tourette Syndrome
- Chronic or debilitating disease or medical condition or its treatment that produces one or more of the following:
 - Cachexia or Wasting Syndrome
 - Intractable Nausea
 - Seizures
 - Severe debilitating pain that has not responded to previously prescribed medication or surgical measures for more than three months or for which other treatment options produced serious side effects
 - Severe and persistent muscle spasms, including those characteristic of Multiple Sclerosis

This written certification is valid for:

At least one option should be selected

- One year (from date of card issuance)
- Less than one year (from date of card issuance), select amount of time

FINAL SECTION

Health Care Provider Attestation

This certification is made in the course of a bona fide provider-patient relationship as defined in NDCC 19-24.1 (3).

I completed an assessment of the patient's current medical condition, including presenting symptoms related to the debilitating medical condition I diagnosed or confirmed.

By checking this box and typing my name below, I am electronically signing my application. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

First Name

Middle Initial

Last Name

Date

MM-DD-YYYY

By providing my electronic signature, I hereby certify and affirm all information contained in this Written Certification is true and correct. I understand providing false information is a violation of North Dakota state laws and is grounds for denial of an application or renewal for a registry identification card under the North Dakota Medical Marijuana Program.

RESCINDING A WRITTEN CERTIFICATION

A health care provider may notify the Division of Medical Marijuana in writing (email) if:

- The qualifying patient no longer has the debilitating medical condition that qualified them for the program; or
- A bona fide provider-patient relationship no longer exists.

PROTECTIONS IN STATE LAW

A health care provider is not subject to arrest or prosecution or the denial of any right or privilege, including a civil penalty or disciplinary action by a court or occupational or professional regulating entity:

- Solely for providing a written certification or for stating in the health care provider's professional opinion a patient is likely to receive therapeutic or palliative benefit from the medical use of usable marijuana to treat or alleviate the patient's debilitating medical condition; or
- For refusing to provide a written certification.

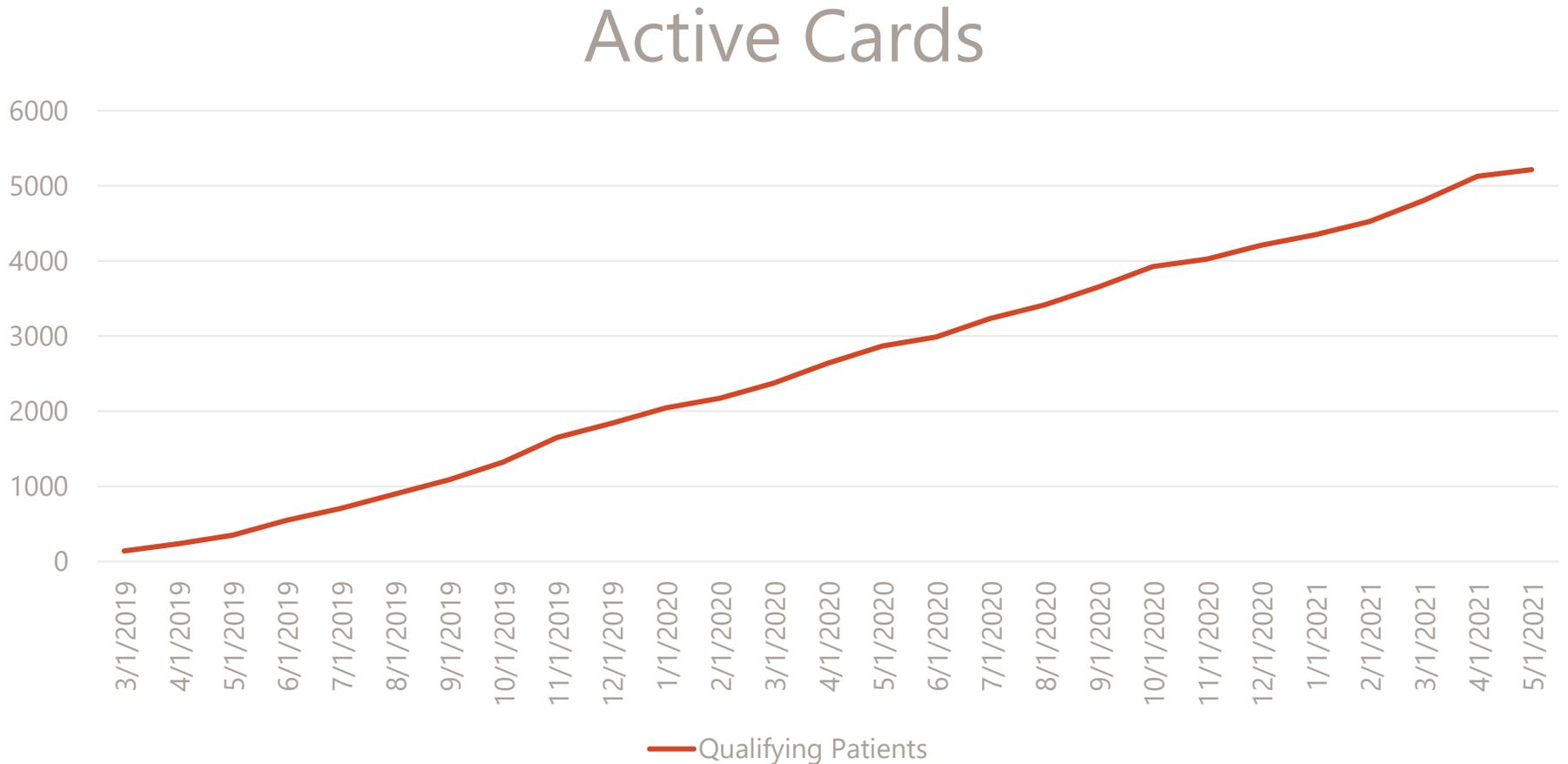
ADVERSE EVENTS

Incidents involving overdose or adverse reactions are to be reported to the Department by registered qualifying patients, registered designated caregiver, agents, law enforcement, health care professionals, emergency medical services professionals, and emergency department personnel at a health care facility.

Electronic report form available on Division of Medical Marijuana website.

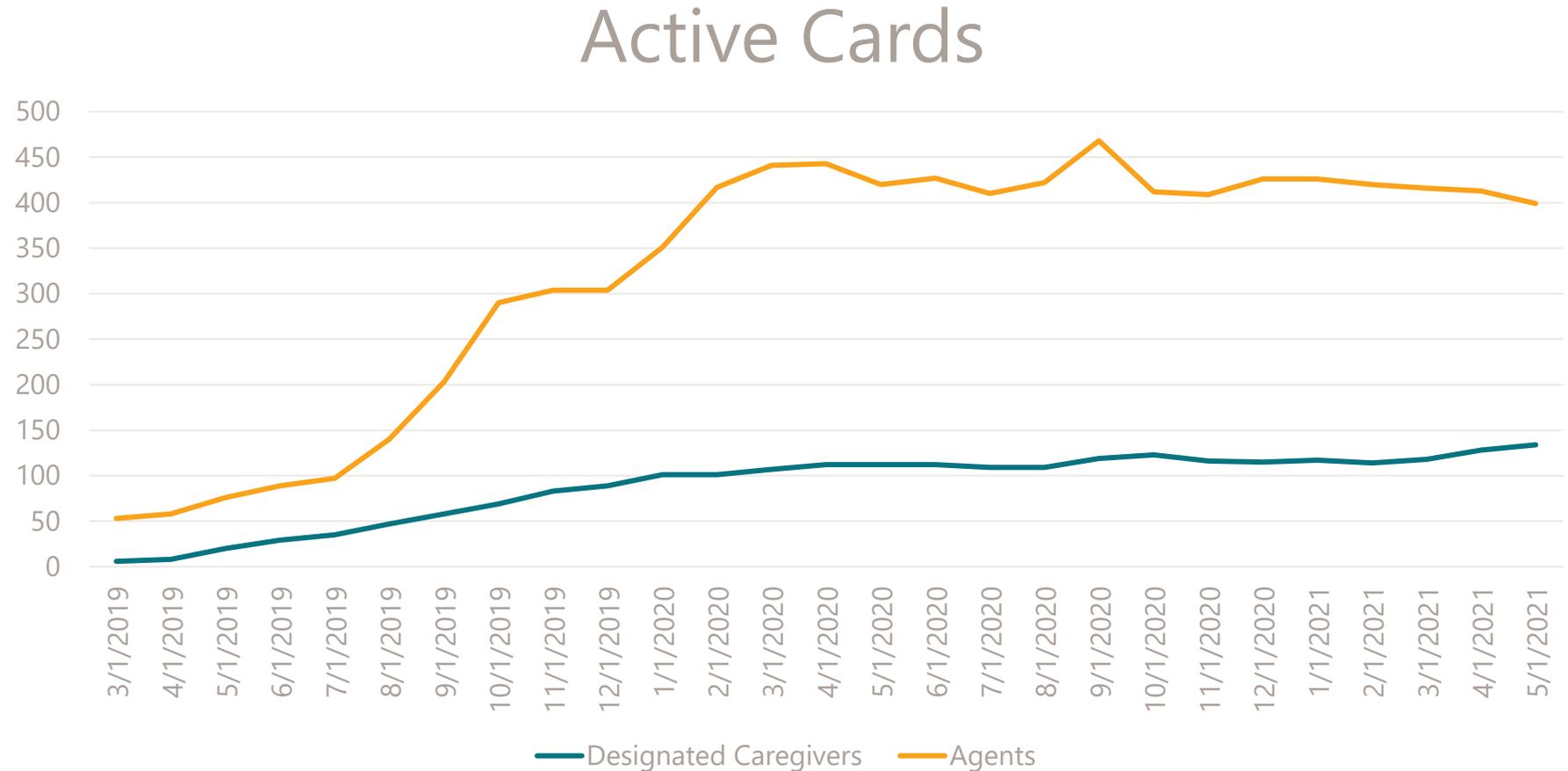
REGISTRY IDENTIFICATION CARDS – QUALIFYING PATIENTS

5,217 Active
Patient cards
(as of 5/1/2021)



REGISTRY IDENTIFICATION CARDS

134 Active Designated Caregiver cards (as of 5/1/2021)



Front Side

NORTH DAKOTA MEDICAL MARIJUANA



PATIENT
NAME:John ZZTest
DATE OF ISSUE:04-25-2019
DATE OF EXPIRATION:02-13-2020
ID NUMBER:G372G6YWL2
DRIED LEAVES AND FLOWER:Standard



SAMPLE

Back Side

NORTH DAKOTA MEDICAL MARIJUANA

PATIENT

If found or to verify card, contact the Division of Medical Marijuana at (701) 328-1311.
Counterfeiting, replicating, alteration or misuse of this card is prohibited by law. Use or possession of this card by any person other than the intended cardholder is unlawful.



G3 72 G6 YW L2



Dried Leaves/Flower Possession Limits:
No = 0.0 oz
Standard = 3.0 oz
Enhanced = 7.5 oz

TYPES OF USABLE MARIJUANA

Not for Minors! (under 19)

*Products with >6% THC

*Smokable form

Usable Marijuana

Dried Leaves & Flowers

Medical Marijuana Products

Cannabinoid Concentrate or Extract

Medical Cannabinoid Products

Solutions

Topicals

Capsules

Transdermal patches

Not for minors

Maximum purchase amounts per 30 days:

*2.5 ounces total – dried leaves and flowers; and
*4,000 mg THC total – other products

(up to 6 ounces of dried leaves and flowers may be authorized for patients with a medical condition of cancer)

Max 6% THC per serving

Max 50 mg THC per serving

Max 50 mg THC per serving

LEGISLATIVE CHANGES

- Removes \$50 designated caregiver application fee
- Allows registered qualifying patient to have up to five designated caregivers
- Exempts criminal history record check of a designated caregiver of a qualifying patient with a terminal illness
- Adds definitions for terms owner, ownership interest, substantial corporate change, and THC

THANK YOU

www.health.nd.gov/mm